The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VII SPRING, 1949 Number 5

FIRE! FIRE!

The flood gates of explanation and soul-searching opened wide after the electoral deluge last November swept back into office the under-estimated haberdasher from Missouri. The C. I. O. was jubilant as well as the A. F. of L., and both, claiming the credit, are out to erase all vestiges of Taft-Hartley restraint. Most commentators believe that the voters of the farm belt alarmed at the threat to subsidies, turned the tide. But the ominous fact must not be minimized that the result in the pivotal State of Ohio was decided by the number of absentee votes of citizens currently attached to the Government payroll in Washington.

All of these voters were motivated primarily by self-interest, especially the last named group, who obviously would be less than human had they voted themselves out of their jobs. Already the self-perpetuation of bureaucracy that "couldn't happen here" has caught up with us. At any rate, the lesson must be clear that no national election can be won by default, no matter how inept an opposing candidate may be. The public must know the issues at stake, and how the candidates stand in regard to them. Only thus will the people be in a position to use discretion when they exercise the voter's privilege—and responsibility.

Yes, thanks to federal subsidies and padded payrolls, the obstinate Dixiecrats and starry-eyed Wallaceans, not forgetting those astute politicians who held, in view of the push-over, that the less commitments that were made the better, the Democratic bandwagon is slated to roll on for another four years to Bigger and Better Deals. And the driver represents a minority of all the electorate.

We not only reelected our President, advocating compulsion in health legislation, but gave him a working majority in both houses of Congress. In addition, an eight to five lineup in committees has been set up and smothering of bills in committee pigeon-holes has been prohibited. The track is clear and the joy of the bureaucrats 'is unrefined.' Oscar has filled the empyrean with his peans and his dreams. Senator Pepper not only has revived, but now proposes to introduce an omnibus bill to underwrite the whole New Deal platform from education to health and housing without bothering to particularize.

The Chief Executive has asked for four more billions to maintain the nation's budgetary imbalance, and the boys have rallied 'round to hike his salary and compensate for the added burdens. Our governors and mayors, too, are swelling the chorus for higher taxes rather than reduction of governmental budgets. Our golden geese are in dire peril.

In view of all this, the action of the delegates to the A. M. A. meeting in St.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 1000 Copies

OFFICERS OF THE HAMPDEN DISTRICT MEDICAL SOCIETY

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Eoline Dubois Jerome Whitney

Louis last December might well be classified as 'too little and too late' since the holocaust occurred in November. The guy with the atomizer, please recall, was equally well-intentioned, in salvaging his own burning house.

However, Dr. John Conlin's report at the recent special meeting of the Hampden District was distinctly encouraging. Apparently the A. M. A. planners have seen the light and are headed in the right direction, though whether or not they will succeed in retiring Editor Fishbein as John suggested for the sake of improved public relations, remains to be seen. Members of the Massachusetts Medical Society may well be gratified by the able service that Dr. Conlin is performing for them. Many of us will sup-

(Continued on Page 4)

HE'S DOWN, HE'S UP

Speaking of editors, the test of a good one like the proof of a good medical dissertation is the number of questions and the heat of the discussion that ensues. By that criterion the Hippocrat, lacking comments hot or cold, is not too happy, but he is always glad to salute a successful confrere. Have you been following the beams that have emanated from the sanctum of Joe Garland of the New England Journal of Medicine, or are you too preoccupied with the sports pages or daily crossword puzzles?

If you missed his defense of the A.M.A. in the issue of February 3rd, turn back to page 198 of Vol. 240, No. 5. Then follow the sparks that resulted under Correspondence in the issue of March 10th, where exception was taken from the summit of one of our best known ivory towers to his excoriation of distructive criticism. From that remote point of view the ancient ornothological reference that was cited might well appear earthbound or even coprological. But from the worm's eye view of the grassroots where medical therapeutics meets the test of practical application, criticism of the National Organization of Physicians should be more constructive. It will accomplish more when presented within the organization than if the critique is broadcast to the world at large from the tower top. More power to that pen, say we! As for the Jeremiahs, come around and get acquainted at the risk perhaps of soiled hands.

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Spring Meeting

March 31, 1949

TO: Members of the Hampden District Medical Society,

Please take notice that the Annual Meeting of the Hampden District Medical Society will be held at the LONGMEADOW COUNTRY CLUB, Tuesday, April 26, and will **not** be held at the Highland Hotel as per former notices.

Cocktails will be served at 6:00 p.m.

The speaker of the evening will be Dr. Douglas T. Davidson. Subject: "Convulsive Disorders."

Throughout this current year, it has been attempted by your officers to bring a larger group of doctors into the active functioning of the Society, especially by having them function very actively on committees. This has not been met with any great success.

In going over the records of this Society, it is found that the Constitution and By-laws were written in 1875 and that the Society has functioned on this basis since. It is deemed wise that the organization of the Hampden District Medical Society should be brought up to date and constructed in a manner that it will function best for the good of all of its members.

The following committee on Constitution and By-laws, Drs. A. M. Glickman (Chairman), A. G. Rice, A. Logie, and E. P. Bagg, has been appointed by President Hildreth. Duties: Drawing up a Constitution and By-laws and reporting on same at the time of the Annual Meeting.

The Annual Meeting will be a very pleasant event and it is hoped that you will put this date down on your calendar and make every effort to be present. The cost for this banquet will be $4.00 per plate, of which the Society will absorb one-half. Advance reservations will be necessary and will be accepted at $2.00 per plate for members, $4.00 for non-members or those without advance registration.

Very truly yours,
Walter W. Williams,
Secretary-Treasurer

March 23, 1949

Dear Doctor:

This is to advise that the following have been appointed by President Hildreth as a special committee to draw up the constitution and By-laws for the Hampden District Medical Society and present such for consideration and disposal at our Annual meeting, April 26, if such is possible.

Dr. Alfred Glickman, Chairman; Dr. E. F. Bagg, Jr.; Dr. A. Riordan; Dr. Allen G. Rice; Dr. Arthur Logie.

Very truly yours,
Walter W. Williams, M.D.
Secretary-Treasurer

To the Editor, Hampden Hippocrat:

For the information of members of Hampden District, the Nominating Committee has prepared the following list of officers for the coming year.

President, Arthur H. Riordan, Springfield; Vice-President, Fred F. Celce, Holyoke; Secretary-Treasurer, Allen G. Rice, Springfield. Commissioner of Trials, Geo. D. Henderson, Holyoke; Supervising Censor, John Pallo, Westfield. Censors, Eugene Beauchamp, Springfield; Alfonso A. Palermo, Springfield; Laurence Putnam,

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139 Chestnut Street
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Holyoke, and James L. Smead, Springfield.

Councillors: M. S. Allan, Springfield; *E. P. Bagg, Holyoke; R. L. Barrett, Springfield; *John M. Birnie, Springfield; M. J. Cariani, Springfield; Wm. A. R. Chapin, Springfield; John L. Chereskin, Springfield; Geo. B. Corcoran, West Springfield; Archibald Douglas, Westfield; Adolf Franz, Holyoke; Patrick Gear, Holyoke; John M. Gilchrist, Springfield; Alfred M. Glickman, Springfield; Frederic Hagler, Springfield; Donald R. Hayes, Springfield; Wm. J. Kisiel, Springfield; John Pallo, Westfield; Samuel Potsubay, Holyoke; Laurence Putnam, Holyoke; *George L. Schadt, Springfield; James A. Seaman, Springfield; Howard Simpson, Springfield; Eoline Dubois, Springfield, and George L. Steele, Springfield.

Public Relations Committee, Frederic Hagler; Legislative, Alfred M. Glickman; Nominating Councillor, Geo. L. Schadt; Alternate Nominating Councillor, George L. Steele.

This slate is tentative and subject to possible change.

George C. Steele
Laurence Putnam
Frederic Hagler
Nominating Committee

Fire! Fire!

(Continued from page 2)

port his advocacy of a change in the editor's chair, even though the present incumbent laughs it off as unoriginal and repetitious.

Meanwhile the barrier of expedience is all that restrains the social exploiters. There are too many competitors for federal funds. Keep your Congressional representative informed—and send in your $25.00 as one third of your fellow-members already have done.

Doctor's Insurance

A letter from Commercial Casualty Ins. Co., Boston, Mass.

The Hampden Hippocrat
Springfield, Massachusetts

Attention: Dr. Chapin

Dear Dr. Chapin:

Mr. Manowitz has brought to our attention that many physicians in the Hampden District Medical Society, who are not members of the Springfield Academy of Medicine because of geographical reasons, are desirous of participating in the Professional Disability Insurance Plan underwritten through this office. Every district medical society in the Commonwealth of Massachusetts, except Hampden, has officially approved this plan.

More than $250,000.00 has been paid in benefits to members during the period that they were physically unable to perform their professional duties.

This plan is not offered in competition to any plan now in force, but is offered to supplement any insurance members of the Hampden District may now have which obviously is inadequate.

It would be deemed an honor to have your insurance committee approve our plan which would make it possible for your members to secure broader protection then they could have in their individual capacities, and enable us to take care of any transfers in the state, regardless of place of practice.

Yours very truly,

Lester L. Burdick
Manager.

COMPLIMENTS
T. P. Sampson
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Lost and Not Found

Dr. W. A. R. Chapin
121 Chestnut Street
Springfield 3, Massachusetts
Dear Dr. Chapin:

Mrs. Miriam S. Thomas assistant editor of The General Catalogue of Bowdoin College has asked the City Library to supply information about the following physicians who were Bowdoin College students. The college is preparing a new edition of their General Catalogue and wishes information as accurate and complete as posible.

CHARLES DEXTER FAIRFIELD. Res. (1848), Springfield, Mass.

JANUARY GODFREY MIVILLE DE CHENE, M.D., Berkshire Med. Coll., 1837. Bowdoin Med. Sch., 1837. Physician, Springfield, Mass., (1838).

GEORGE FROST. b. 1800. Physician, Springfield, Mass. d. 28 July, 1846,

EMERSON SACKETT .Bowdoin Sch., 1870. Res. (1870), Westfield, Mass.

DANIEL W. BOTTUM. Bowdoin Med. Sch., 1866. Res. (1866), South Wilbraham, Mass.

JAMES M. SMITH, Bowdoin Med. Sch., 1825. Res. (1825), New Haven, Conn. b.———. d.———.

If you are able to secure any information, you may send it to Lucille Wickersham, reference librarian, City Library. We shall appreciate the co-operation of the physicians in this matter.

Yours very truly,
Lucille Wickersham
Reference Librarian

THE BOSTON POST
Sunday, January 2, 1949
HOSPITAL PICTURE

Some discouraging figures about the shortage of hospital facilities in Massachusetts are contained in a report by Dr. Vlado A. Getting, State commissioner of public health, that there are 16,183 too few beds in our hospitals right now, and that about half this shortage is in hospitals for chronic cases.

It will, he estimates, cost $190,000,000 to make up this deficiency. Compared to that is the $24,000,000 which is all that the federal grant-in-aid program allows Massachusetts toward its five-year hospital building program. If the shortage is to be made up, and supposedly it must be, it is obvious that a huge task lies ahead, and it must be planned for.

Nov. 14, 1666
from The Diary of Samuel Pepys
(Volume XI—Wheatley Edition)

EARLY DIRECT TRANSFUSIONS

Here Dr. Croone told me, that, at the meeting at Gresham College tonight, which it seems, they now have every Wednesday again, there was a pretty experiment of the blood of one dogg let out, till he died, into the body of another on one side, while all his own run out on the other side. The first died upon the place, and the other very well, and likely to do well. This did give occasion to many pretty wishes, as of the blood of a Quaker to be let into an Archbishop, and such like; but, as Dr. Croone says, may, if it takes, be of mighty use to man's health, for the amending of bad blood by borrowing from a better body.

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Chronics

Construction will soon begin on the Springfield Municipal 600 bed hospital and home.

This is to replace the present Springfield Infirmary of 126 and 150 bed homes, and is to be devoted to the care of chronic diseases.

Realizing that a hospital does not run itself, the trustees have shown rare foresight in forming a medical staff to operate in the present quarters.

Having visited the old infirmary (adjunct to an almshouse) for twenty years, imagine my surprise at a visit today—the nursing staff gave the first inkling of a change. They seemed brighter and prouder of being a part of a real hospital. A patient's hospital record was presented. It was the type of which any hospital could be justly proud. Routine laboratory reports, including blood sugar, N.P.N., Hinton, urine and complete blood exams, augmented a real history and physical examination, all neatly typed.

Most of these patients are physical or mental wrecks due to chronic disease or old age.

The doctor's interest is reflected in the nursing and administrative staff and the patient soon appreciates the recognition he is receiving.

These derelicts have ability and plenty of time to see what goes on. Their awful apathy seems awakened by a glimmer of hope.

The doctor now becomes **my doctor.** Their birth right of human dignity has been restored.

Staff members of the three general hospitals have volunteered to accept regular services and this includes all specialties. Dietetics, physiotherapy and occupational therapy are to be provided. The increasing interest in geriatrics will be afforded plenty of clinical material for study.

Every visit should make the physician feel he is doing a real service in caring for these poor unfortunates who look—if they can not express—their gratitude.

The new hospital will afford congenial and recreational facilities that will completely alter the former depressing picture of the living dead.

Springfield and its doctors are setting a fine example for other communities in caring for it's own. Springfield is demonstrating a free enterprise philosphy in medical care, assuming its own responsibility, rather than look to the "Great White Father" to lead us by the hand.

J. W.

A Lay Contribution

Observe the noble phagocyte
Our vigilante day and night,
Whose interest in us never ceases
Repelling all our fell diseases.
Who more than he when death would mock us
Assails the evil streptococcus?
But, modestly, is ever willin'
To welcome aid from penicillin.
He may assume all known positions
As handy man for skilled physicians,
But servant first and master last,
He knows the role for which he's cast.
The guardian of our inner side
And pal of sulfanilamide
I fancy his supreme delight is
Combating dreaded meningitis.
And lesser ills we needn't mention
Engage, as well, his strict attention,
For little may withstand his might,
The agile, ruthless phagocyte.

Giles Blague
Springfield, Mass. Jan. 1, 1949.

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COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

General Practitioners

A movement BY and FOR General Practitioners, through a national scientific organization of their own, was founded on the premise that advancement in general practice will benefit all the people, and the entire medical profession. At the American Medical Association Centennial Convention, June 10th, 1947, in Atlantic City, the American Academy of General Practice was founded. It is the only national association of general practioners of medicine and surgery.

The objects and purposes of the Academy as set forth in its constitution is as follows:

(1) To promote and maintain high standards of the general practice of medicine and surgery.

(2) To encourage and assist young men and women in preparing, qualifying and establishing themselves in general practice.

(3) To protect the right of the general practitioner to engage in medical and surgical procedures for which he is qualified by training and experience.

(4) To assist in providing a post graduate study course for general practitioners and to encourage and assist practicing physicians and surgeons in participating in such training.

(5) To advance medical science and private and public health.

The term General Practitioner henceforth will mean a licensed physician and surgeon who holds the degree M.D., and who does not limit his practice exclusively to a particular field of medicine or surgery.

To be eligible for membership, a candidate must be a graduate of an approved medical school, a member of his county medical society, licensed to practice medicine and surgery in the state of his residence, of high moral and ethical character. He must have shown interest in continuing his medical advancement by engaging in post-graduate education. All active memberships terminate at the end of three years. To be eligible for re-election, a member must have spent a minimum of 150 hours during this three year period in post-graduate education.

The Academy is independent of the A. M. A., but because it endeavors to improve the quality of general medical and surgical practice in America, the A. A. G. P. intends to work closely with the Council on Medical Education and Hospitals of the A. M. A., as well as other councils and bureaus of the A. M. A. The Academy, through co-operative efforts with the A. M. A. and the American Association of Medical Colleges, expects to improve the teaching of the G. P. in medical schools. By stimulating post-graduate and extension courses, to be conducted by medical schools, the Academy hopes to raise the general level of the quality of medical care throughout the country, including rural areas. The Academy recommends that proper requirements be maintained for staff privileges in all hospitals; that the general practitioner have a place and voice on the staffs in all hospitals; and further agree with interested organizations opposing any hospital regulations which confine staff membership, or the right to perform certain medical and surgical procedures to specialists, who have been certified by the respective specialist board.

Nathaniel N. Bennett, M.D.
August 14th, 1948.

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BACKGROUND

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WHAT AILS US?

For one who has practiced medicine in two generations a comparison must be most interesting.

The transition is not too abrupt, yet several basic changes can be noted.

First, it would seem that the art of medicine is becoming a science. The physicians seem to be less scholarly and this lack seems to be substituted by science, sometimes illogical, or, at least, highly experimental, plus a refined type of commercialism and politics.

The humanistic heritage of medicine is largely confined to research workers and by the time their findings are retailed to the patient, the patient feels he is paying well for advanced medicine, if he can pay.

One often hears the auto mechanic say, "My work is like yours, Doc." "I diagnose the trouble and correct it."

At first, this annoyed me, but more and more, I think, the mechanic is right. We must admit that the mechanic listens to the story and machine before using all mechanical tests of refinement.

Too often the present day patient has a complete, and I do mean complete, laboratory workup with a little penicillin and sulfa thrown in for good measure before a "working diagnosis" is established.

It would seem that our x-ray men take more pertinent histories than our clinicians.

We forget that coryza, constipation and psychoneurosis lead the diagnostic field in frequency. Is it that we are unfitted to treat these conditions, or does "Virus X" pay better dividends?

The truth of the matter is that we are not basically dishonest, but that we are being influenced by big business. Our schools, by request, are teaching us how to make a "quick dollar". It is the new order.